



Application for Admission

Child's Name: _____ Child Goes By: _____

Date of Birth: _____ Child's Age: _____ years _____ months

Gender: Female _____ Male _____ Non-Binary _____ Other _____

Today's Date: _____ Tour Date (if applicable) _____

Requested admission date: _____

Applying for: Primary (preschool or kindergarten) Elementary Middle School

Best contact phone number:

This application is subject to the following conditions:

- 1) A nonrefundable \$50.00 fee must accompany the application.**
- 2) The Montessori School of Columbia gives preference in admission decisions to children with siblings already enrolled in the school and to children with previous Montessori experience.
- 3) The Montessori School of Columbia may contact the child's previous schools, teachers or child care providers and this application serves as your permission to request student records from any previous school or care provider.
- 4) The Montessori School of Columbia may require an interview and/or classroom visit with your child as part of the application process. Parents may be required to observe in a classroom.
- 5) This application does not constitute acceptance into The Montessori School of Columbia. If the child is accepted to the school, an enrollment contract will be sent.
- 6) The Montessori School of Columbia does not discriminate on the basis of race, color, sexual orientation, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic or any other school administered programs.

First Parent Name:

Title _____ First _____ Last _____ Goes By _____

First Parent Profession: _____

First Parent Employer: _____

First Parent Phone Numbers:

(home) _____ (work) _____ (cell) _____

First Parent Email Address: _____

First Parent home address (please include city, state, and zip code):

Second Parent Name:

Title _____ First _____ Last _____ Goes By _____

Second Parent Profession: _____

Second Parent Employer: _____

Second Parent Phone Numbers:

(home) _____ (work) _____ (cell) _____

Second Parent Email Address: _____

Second Parent Address (only if different than first parent):

If parents are separated/divorced, please indicate the name of the custodial adult below. Please note that our policy is to look to the custodial adult for all decisions regarding the child.

Our teachers are not specially trained to educate children with specifically diagnosed learning, behavior, or attention disorders. In order to effectively assess your child, we request that you disclose any medical or psychological evaluations, current medications, and any other information relevant to this concern.

Names, ages, and current schools of siblings: _____

Please provide the following information about your child:

Does your child have any allergies? _____

Does your child have a regular bedtime? _____ When is bedtime? _____

How much screen time is your child engaged in each day?

Is your child comfortable around animals? _____

Why are you considering Montessori School of Columbia for your child?

Please list schools/childcare centers your child has attended previously:

School: _____ **Dates:** _____

Address: _____

Phone: _____ **Teacher's name:** _____

School: _____ **Dates:** _____

Address: _____

Phone: _____ **Teacher's name:** _____